1330525

FORM D

SEC 1972 (6-D2).



UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

## FORM D

## NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

OMB APP	
OMB Number:	3235-0076
Expires:	May 31, 2005
Estimated aver	age burden
hours per respo	

SEC US	EONLY
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i	1 1
DATE RE	CEIVED
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1 of 9

	- XXVII	
Name of Offering ( check if this is an amendment and name has changed, and indicate change.)  Coastal Services Group, Inc.		RECEIVED
Filing Under (Check box(es) that apply): X Rule 504 Rule 505 Rule 506 Section 4(6)	TULOE /	7
Type of Filing: New Filing X Amendment		JUN 1 5 200
	1, 14	
A. BASIC IDENTIFICATION DATA	The state of the s	(1). 1987. 1
1. Enter the information requested about the issuer		Dr. non 20
Name of Issuer ( in check if this is an amendment and name has changed, and indicate change.)		
Coastal Services Group, Inc.		
Address of Executive Offices (Number and Street, City, State, Zip Code)	Telephone Number (Inc.)	uding Area Code)
7787 Leesburg Pike, Ste. 230 Falls Church, VA 22043	703-651-7461	_
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)	Telephone Number (Inc	luding Area Code)
Brief Description of Business	····-	
Telecommunications	•	
	<u></u>	
Type of Business Organization	V	1 (1) 1 miles (1) 2 (1) 2 (1) 2 (1) 2 (1)
	ease specify):	
business trust limited partnership, to be formed		JUN 2 0 2015
Actual or Estimated Date of Incorporation or Organization:		THOMSON
Actual or Estimated Date of Incorporation or Organization: [11] [3] Actual [2] Estimated Date of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State:	rted	FINANCIAL
CN for Canada; FN for other foreign jurisdiction)		
GENERAL INSTRUCTIONS		
Federal:  Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or 77d(6).	Section 4(6), 17 CFR 230.50	01 ct seq. or 15 U.S.C.
When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering, and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given belt which it is due, on the date it was mailed by United States registered or certified mail to that address.	A notice is deemed filed wi ow or, if received at that add	th the U.S. Securities bress after the date on
Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 2054	9.	
Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually appropriate of the manually signed copy or bear typed or printed signatures.		ually signed must be
Information Required: A new filing must contain all information requested. Amendments need only report thereto, the information requested in Part C, and any material changes from the information previously supplied not be filed with the SEC.	the name of the issuer and o d in Parts A and B. Part E an	ffering, any changes d the Appendix need
Filing Fee: There is no federal filing fee.		
State:		
This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sale ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Sec are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The this notice and must be completed.	urities Administrator in eache exemption, a fee in the r	ch state where sales
ATTENTION		<del></del>
Failure to file notice in the appropriate states will not result in a loss of the federal exen appropriate federal notice will not result in a loss of an available state exemption unless filing of a federal notice.	nption. Conversely, fai such exemption is prec	lure to file the lictated on the

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

## AS BASIC DENDIFICATION DATA Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer. Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Bach general and managing partner of partnership issuers. Check Box(es) that Apply: Promoter X Beneficial Owner X Executive Officer X Director General and/or Managing Partner Full Name (Last name first, if individual) Page, John Business or Residence Address (Number and Street, City, State, Zip Code) 7787 Eeesburg Pike, Ste. 230 Falls Church, VA 22043 Check Box(es) that Apply: Promoter T Beneficial Owner X Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Jones, Vivien Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Reneficial Owner X Executive Officer Director General and/or Managing Parmer. Full Name (Last name first, if individual) Guzy, Jeff Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Reneficial Owner Executive Officer X Director General and/or Managing Partner Full Name (Last name first, if individual) Oyefeso-Watts, Olanike Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Beneficial Owner Executive Officer Director Check Box(es) that Apply: Promoter General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) (Use blank sheet, or copy and use additional copies of this sheet, as necessary)

					INFORM	ATION AT	oun onn	RING				
1 Una	the incomer o	nid or doe	e the items	r intend to	sell to no	n_acctedite	d invector	e in this of	Terina?		Yes	No
I. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?											凤	
Answer also in Appendix, Column 2, it iming and a DEOR.  2. What is the minimum investment that will be accepted from any individual?											s n	/a/
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,											Yes	No
	i			-								X
										ndirectly, any n the offering.		
Ifape	erson to be	listed is an	associated ;	person or a	agent of a br	oker or dea	aler registe	red with th	SEC and/	or with a state		
or sta	tes, list the ker or deale	name of the	e broker or set forth t	dealer. If,	more than f ation for th	ive (5) per: at broker o	sons to be l or dealer or	isted are as nlv.	sociated p	ersons of such		
Full Name									<del></del>			
		,										
Business o	r Residenc	e Address	(Number a	ad Street,	City, State,	Zip Code)	)					
Name of A	ssociated I	Broker or D	ealer		·······							
States in W	hich Perso	n Listed H	as Solicite	d or Intend	is to Solici	Purchases					<del></del>	<del></del>
(Check	c "All State	s" or chec	k individus	d States) .	************				************	****************	□ Al	ll States
AL	AK	AZ	AR	CA	CO	CT	DE	DC	FL	GA	HI	$\square$
I	IN	IA	XS	KY	LA	ME	MD	MA	MI		MS	MÖ
MT	NE	NV	NH	NJ	NM)	NY)	NC	ND	OH	OK	OR	PA
RI	SC	SD	IN	TX	ŪŢ	VT	VA	WA	WV	WI	WY	PR
Full Name (	Last name	first, if inc	lividual)									
Business of	Residence	Address (	Number ar	d Street, 1	City, State,	Zip Code)	······································					
Name of As	sociated B	roker or D	ealer								<del></del>	
States in W	nich Person	Listed Ha	s Solicited	or Intend	s to Solicit	Purchasers	· · · · · · · · · · · · · · · · · · ·					
(Check	"All State:	s" or check	individual	States)	***********	************		**************	~		All	States
AI	[AK]	AZ	AR	CA	CO	CT	DE	DC	FL	GA [	Ħ	
	IN	IA	KS	KY	LA	ME	MD	MA	MI		MS	MO
MT	NB	NV	NH	· NI	MM	NY	NC	ND	OH		OR	PA
RI	SC	SD	IN	TX	UT	VT	VΑ	WA	WY	WI	ŴΥ	PR
Full Name (	Last name	first, if ind	ividual)									· · · · · ·
Business or	Residence	Address (	Number an	d Street, C	City, State, 2	Zip Code)				٠.		
Name of Ass	sociated Br	oker or De	aler				<del></del>	<del></del>	<del></del>			
States in Wh	ich Person	Listed Ha	Solicited	or Intends	to Solicit I	urchasers						<del></del>
	1				***************			16 <b>84</b> 0 FAT PATE 1 4 FATE	***************************************	************	ן אוו ⊑	States
ΑL	AK	AZ	ĀR	CA	CO	CT	. DE	DC	FL	GA [	HI	(III)
IL	IN	IA	KS	KY	LA	ME	MD	MA	MI		18	MO
MT	NE)	NV ED	NH	NJ	NM UT	NY) VT	NC VA	ND WA	OH TOTAL		DR.	PA
RI	SC)	SD	TN	TX	LUL	[ Y ]	[ A V	I A WT	WV	WI V	VΥ	PR

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

	<ol> <li>Enter the aggregate offering price of securities included in this offering and the total amount a sold. Enter "0" if the enswer is "none" or "zero." If the transaction is an exchange offering.</li> </ol>	, check	
	this box _ and indicate in the columns below the amounts of the securities offered for exchangled.	nge and	,
		Aggregate	Amount Already
	Type of Security	Offering Price	Sold
	Debt	\$	\$
	Equity		\$ 135,497.37
	🗓 Common 🔲 Preferred		
	Convertible Securities (including warrants)	\$	\$
	Partnership Interests		
	Other (Specify)		
	Total	s 1,000,000	\$ 135,497.37
	Answer also in Appendix, Column 3, if filing under ULOB.		* , <u> , ,</u>
2.	2. Enter the number of accredited and non-accredited investors who have purchased securities in	n this	•
	offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, ind the number of persons who have purchased securities and the aggregate dollar amount of	licate	
	purchases on the total lines. Enter "0" if enswer is "none" or "zero."	meir	
			Aggregate
		Number Investors	Dollar Amount of Purchases
	Accredited Investors		\$135,497.37
	Non-accredited Investors		\$
	Total (for filings under Rule 504 only)		\$ 135.497.37
	Answer also in Appendix, Column 4, if filing under ULOE.		\$.233. <u>#37.37</u>
3.		the	
	· ·		
	Type of Offering	Type of Security	Dollar Amount Sold
	Type of Offering Rule 505	Security	
	Rule 505	Security	
	Rule 505	Security	
	Rule 505 Regulation A Rule 504	Security	\$\$ \$\$
4	Rule 505	Security	
4	Rule 505  Regulation A  Rule 504  Total	Security	\$\$ \$\$
4	Rule 505  Regulation A  Rule 504  Total  a. Furnish a statement of all expenses in connection with the issuance and distribution of securities in this offering. Exclude amounts relating solely to organization expenses of the insur	Security	\$\$ \$\$
4	Regulation A  Rule 504  Total  a. Furnish a statement of all expenses in connection with the issuance and distribution of securities in this offering. Exclude amounts relating solely to organization expenses of the insurance information may be given as subject to future contingencies. If the amount of an expenditure not known, furnish an estimate and check the box to the left of the estimate.  Transfer Agent's Fees	security  the rer. e is	\$\$ \$\$
4	Regulation A  Rule 504  Total  a. Furnish a statement of all expenses in connection with the issuance and distribution of securities in this offering. Exclude amounts relating solely to organization expenses of the insure The information may be given as subject to future contingencies. If the amount of an expenditure not known, furnish an estimate and check the box to the left of the estimate.	security  the rer. e is	\$\$ \$\$ \$\$
4	Regulation A  Rule 504  Total  a. Furnish a statement of all expenses in connection with the issuance and distribution of securities in this offering. Exclude amounts relating solely to organization expenses of the insurance information may be given as subject to future contingencies. If the amount of an expenditure not known, furnish an estimate and check the box to the left of the estimate.  Transfer Agent's Fees	Security  the rer. e is	\$\$ \$\$ \$\$
4	Regulation A  Rule 504  Total  E. Furnish a statement of all expenses in connection with the issuance and distribution of securities in this offering. Exclude amounts relating solely to organization expenses of the insurant information may be given as subject to future contingencies. If the amount of an expenditure not known, furnish an estimate and check the box to the left of the estimate.  Transfer Agent's Fees  Printing and Engraving Costs  Legal Fees  Accounting Fees	Security  the rer, e is	\$ 501d \$ 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
4	Regulation A  Rule 504  Total  a. Furnish a statement of all expenses in connection with the issuance and distribution of securities in this offering. Exclude amounts relating solely to organization expenses of the insurement information may be given as subject to future contingencies. If the amount of an expenditure not known, furnish an estimate and check the box to the left of the estimate.  Transfer Agent's Fees  Printing and Engraving Costs  Legal Fees	Security  the rer, e is	\$\$ \$\$ 0.00
4	Regulation A  Rule 504  Total  a. Furnish a statement of all expenses in connection with the issuance and distribution of securities in this offering. Exclude amounts relating solely to organization expenses of the insurance that the information may be given as subject to future contingencies. If the amount of an expenditure not known, furnish an estimate and check the box to the left of the estimate.  Transfer Agent's Fees  Printing and Engraving Costs  Legal Fees  Accounting Fees  Engineering Fees  Sales Commissions (specify finders' fees separately)	security  the rer. e is  Security	\$\$ \$\$ \$\$ \$\$
4	Regulation A  Rule 504  Total  2. Furnish a statement of all expenses in connection with the issuance and distribution of securities in this offering. Exclude amounts relating solely to organization expenses of the insurance information may be given as subject to future contingencies. If the amount of an expenditure not known, furnish an estimate and check the box to the left of the estimate.  Transfer Agent's Fees  Printing and Engraving Costs  Legal Fees  Accounting Fees  Engineering Fees	security  the rer. e is  Security	\$\$ \$\$ \$_0.00

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b. Enter the difference between the aggregate of and total expenses furnished in response to Part C proceeds to the issuer."	Question 4.a.	This difference is the	e "adjusted g	ross		\$
<ol> <li>Indicate below the amount of the adjusted gross each of the purposes shown. If the amount for check the box to the left of the estimate. The total proceeds to the issuer set forth in response to I</li> </ol>	any purpose is n d of the payments	ot known, furnish : listed must equal the	an estimate	and		
					syments to	
				D:	Officers, & ffiliates	Payments to Others
Salaries and fees						
Purchase of real estate	********************		************	🔲 💲	·	\$
Purchase, rental or leasing and installation of mand equipment	achinery			~~ ¢		
Construction or leasing of plant buildings and f						
Acquisition of other businesses (including the v			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	··· [_] *_		□ ₽
offering that may be used in exchange for the as issuer pursuant to a merger)	sets or securities	of another				
Repayment of indebtedness						
Working capital		,144 1841,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	****************	" [_] #		□ \$ 1.000.00
Other (specify):						
		,		□\$_		\$
Column Totals						
Total Payments Listed (column totals added)						000,000
					<u> </u>	000,000
	is id medurat	SEIGNAVIIURIEME				
The issuer has duly caused this notice to be signed by the signature constitutes an undertaking by the issuer to furthe information furnished by the issuer to any non-accordance.	rnish to the U.S. S	ecurities and Excha	ange Comm	ission, u	pop written	505, the following request of its staff,
Issuer (Print or Type)	Signature	17%)	\$	Date	6/4/	
Coastal Services Group, Inc.					6/4/a	5
Name of Signer (Print or Type)	Title of Signer	Print or Type)			/ / _	
John H. Page	CEO	·				<u> </u>
···						
	•				•	
						•
	•		•			
	,		•			
	ATTENT	ION				
Intentional misstatements or omissions		,	l violations	. (See	18 U.S.C.	1001.)

		是的學習的學習	L.E. SDAUES	IGNATURE			<b>HEROT</b>		
1.	-	party described in 17 CFR 230.262 p ions of such rule?		•		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Yes []	No Kl
		Sec	Appendix, Column	5, for state resp	onse.				
2.		dersigned issuer hereby undertakes to : CFR 239.500) at such times as require		dministrator of ar	ny state in	which this n	otice is fil	ed a not	ice on Form
3.		dersigned issuer hereby undertakes to offerees.	furnish to the state	administrators, u	ipon writt	en request,	informatio	on furni	shed by the
4.	limited	dersigned issuer represents that the is Offering Exemption (ULOE) of the st exemption has the burden of establish	ets in which this not	ice is filed and w	nderstand:				
The issue	er has rea	d this notification and knows the conte	nts to be true and has	duly caused this:	notice to b	e signed on	its behalf	by the u	ndefsigned
luly auth				A					
esuer (P: Coas		ype)  -  Services Group, Inc.	Signature (		45	Date	6/14	1/0.5	V
lame (Pr			Title (Print or Type	र्घ)		·		<del>/</del> -	
Johr	н.	Page	CEO						

## Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

					PPENDIX					
1	Intend to non-a	d to sell accredited rs in State 3-Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		Type of investor and amount purchased in State (Part C-Item 2)					
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No	
AL			_							
AK										
AZ										
AR										
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								<u>                                  </u>		

	LOCAL CONTRACTOR		<b>建设加热的</b>		PENDEX					
1	to non- investo	2  Id to sell accredited rs in State 3-Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		Type of investor and amount purchased in State (Part C-Item 2)					
State	Yes	No		Number of Accredited Investors	ceredited Non-Accredited					
МО									•	
MT										
NE										
ΝΛ				·						
NH				<u> </u>				,		
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TX		X	CCommon up to \$1,000,000	io s	135,497.	37 <sub>0</sub>	0		X	
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VT	1									
VA							-			
WA			·							
wv										
WI										

1	Intento non-	2 d to sell accredited rs in State	Type of security and aggregate offering price offered in state		APPENDEX  4  Type of investor and amount purchased in State  (Part C-Item 2)					
	(Part E	3-Item 1)	(Part C-Item 1)	Number of Accredited	(Part C-Item 2)  Number of Number of Non-Accredited				granted) -Item 1)	
State WY	Yes	No		Investors	Amount	Investors	Amount	Yes	No	
PR.				·						